OMB control number: 0938-1285
Expiration Date: XX/XXXX

Data Elements for Issuer Submission Requirements to Receive the Federally-facilitated Exchange User Fee Adjustment

Note: HHS intends to collect the required data elements for issuers to receive the FFE user fee adjustment through a-web form. To facilitate submission of the required data elements in a-web form, HHS intends to make a-web form of the required data elements available upon finalization of this PRA.

1. Name and registered HIOS issuer ID of the participating issuer;
2. Name(s) of third party administrator that received a copy of the self-certification or name(s) of the provider of contraceptive services that received a representation that the individual is an eligible individual, as defined in 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), or 45 CFR § 147.131(a)(3), with respect to which the participating issuer seeks an adjustment in the FFE (or SBE-FP) user fee;
3. Name and registered HIOS ID of self-insured plan for which the self-certification was received by a third party administrator and with respect to which the participating issuer seeks an FFE or SBE-FP user fee adjustment;
4. For each such self-insured plan, the total dollar amount of the payments for contraceptive services that were provided during the applicable calendar year. (Note: If such payments were made by the participating issuer, the total dollar amount should reflect the amount of the payments made by the participating issuer. If the third party administrator made or arranged for such payments, the total dollar amount should reflect the amount reported to the participating issuer by the third party administrator.);
5. For each provider of contraceptive services, documentation demonstrating the participating issuer and provider have a signed written agreement providing issuers have or will reimburse the provider for the cost of furnishing contraceptive services and the total dollar amount of the costs of furnishing contraceptive services during the applicable calendar year;
6. An attestation that the submitted information is accurate; and
7. Primary and secondary contact information for the participating issuer, including;
    a. Name of contact
    b. Designation
    c. Mailing address
    d. Email address
    e. Phone number.